Policy Brief:

Ensuring a Great Start

What Illinois Parents Say Is Needed for Their Children to Thrive

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Sargent Shriver National Center on Poverty Law

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The Sargent Shriver National Center on Poverty Law provides national leadership in advancing laws and policies that secure justice to improve the lives and opportunities of people living in poverty.

Everything Is at Stake

The best investment we can make in our state's future is to provide a strong foundation for success for every baby born in Illinois. We all need every child born today to have a strong early foundation so that they have an opportunity to be fully ready to enter college or the workforce, vote, and contribute to our society when they reach adulthood in 2035.

But poverty and stress can greatly impact children's early brain development, physical health, and mental health.[1] Research shows that children growing up in poverty have performed less well in school, have poorer health throughout their lives, and earn less as adults.[2] Moreover, poverty in the early years is more harmful than poverty in late childhood, and has more lasting effects.[3] The effects of poverty on brain development have been measured in infancy—and by the time children are three years old, significant gaps in language and emotional development are often evident between poor children and their better-off peers.

Almost 45 percent of families with children under age 3 are experiencing material hardship, with incomes below twice the federal poverty level.[4] Because children of color are more likely to be poor, the harmful effects of poverty disproportionately impact their early learning and may diminish their opportunity from the very start.

We all benefit from programs that help children receive a strong start in life. The good news is that nurturing, responsive parenting in children's early years can buffer the disadvantages of poverty and promote resilience.[5] To help the next generation thrive, we need to listen to and learn from parents on how we can best support caregiving.

Parents around the state know what they need to help their children reach their full potential and, importantly, have an equitable chance to succeed. From discussions throughout the state with low-income parents and the professionals who interact with them, we have learned that the state is falling short in providing parents the supports they need in the years from birth to age three to raise healthy, thriving citizens.

One in Five Illinois Children Lives in Poverty

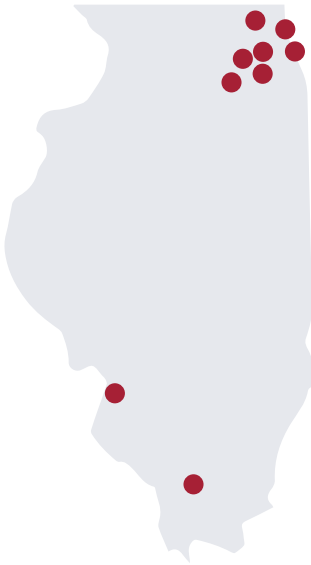
Illinois is a large, diverse state, with urban, rural, and suburban communities, each with its own history, advantages, challenges, and issues that can affect the lives of children. Our youngest residents are at the leading edge of the coming demographic shift. While 61% of Illinois residents of all ages are non-Hispanic White today, Illinoisans of color will eventually be in the majority. Of the 158,101 children born in 2015, just 55% were reported to be non-Hispanic White.[6]

About 1 in 5 Illinois children live in poverty, and 43% of children live in families with income under twice the poverty level, the minimum needed to make ends meet.[7] The poverty rate is much higher among families of color than among their White peers. Of the 224,611 Illinois children age 5 and younger living in poverty, 63,081 are White (13% of all White children); 74,254 are Black (50% of all Black children), and 74,458 are Latino (30.5% of Latino children).[8] Because children of color are more likely to be poor, the harmful effects of poverty disproportionately impact their early development. Families of color are much more likely to experience discrimination and marginalization, including geographic segregation, and they bear an increased stress burden as a result.

Poverty is experienced by families in urban, rural, and suburban communities. Even high median income communities like Wheaton have substantial numbers of children living in poverty, and often fewer services are available there to help. (See the appendix for descriptions of the 12 communities where focus group were conducted for this report.)

What Illinois Parents Say Is Needed for Their Children to Thrive

Listening to parents about what their children need is critically important. The Sargent Shriver National Center on Poverty Law, together with researchers from Loyola University of Chicago's Center for Urban Research and Learning, conducted 14 focus groups in 12 communities throughout the state to hear from low-income parents of infants and toddlers, grandparents, and service providers about the supports available to caregivers of young children. We asked about what services they find most helpful, what barriers keep them from accessing needed supports, and what other services they would like to have available in their community to help them raise healthy, thriving children.



Focus Groups Across the State

FAMILIES WITH YOUNG CHILDREN NEED SUPPORT IN SEVEN AREAS:

1. **Access to healthcare**
2. **Developmental screening and early intervention**
3. **Good nutrition**
4. **Parenting support and information**
5. **Affordable, quality child care**
6. **Safe housing and transportation; and**
7. **Income support and job training**

Access to Healthcare

The Illinois All Kids program, with funding from federal Medicaid and CHIP,[9] helps low-income families access vital healthcare services, from prenatal care, to well-child visits, immunizations, and treatment for illness. Young children need regular access to good quality medical care and dental care to stay healthy. In addition to healthcare services, focus group parents mentioned relying on doctors for referrals to the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and prescriptions for specialized formula, testing for lead exposure, health exams needed for entry to child care, and advice on feeding concerns, as well as for developmental and other screening. Thus, any major funding reductions or changes to Medicaid, including proposals to impose work requirements on recipients, will have a negative effect on children.[10]

Parents themselves need access to good healthcare to stay healthy enough to work and care for their children. Mental health care, in particular, emerged as a pressing and sometimes unmet need. Parents mentioned they did not know about postpartum depression or what to look for until it happened to them. Mothers in three of the focus groups talked about their struggles to finally get treatment for depression. Living where public transportation was scarce or lacking child care made seeking help particularly difficult.

> *"I had to go to therapy and take care of myself…so I could be strong for my daughter."*
>
> *—a Round Lake parent*

Other serious health issues reported by focus group participants include cancer, lead poisoning, infant mortality, low birth weight, preterm births, neonatal abstinence syndrome, gun violence, and maternal mortality. For many of these adverse outcomes, there are persistent racial, ethnic, and income disparities in incidence, with families of color living in poverty experiencing them at far higher rates.[11] These reports from focus group participants put a personal face on the statistics: far too many low income families in Illinois face high levels of stress, sorrow, and trauma.

RECOMMENDATIONS: ACCESS TO HEALTHCARE

1. The Governor and the Illinois Department of Healthcare and Family Services (IHFS) should sustain and increase funding for programs to support maternal and child health, including oral health.
2. IHFS should preserve eligibility and coverage in the All Kids Medicaid/CHIP program and in the ACA Adult Medicaid program for parents.
3. HFS and the Department of Human Services (DHS) should adopt policies that will increase parents' access to mental health evaluation and treatment.
4. The Illinois Department of Public Health (IDPH) should work with other state agencies and communities to reduce the incidence of adverse infant and maternal health outcomes and eliminate child lead poisoning.
5. IHFS, IDPH, and the DHS should track, measure, and report on children's health disparities by race/ethnicity and location.

Developmental Screening and Early Intervention

"One of the biggest challenges for families with infants and toddlers, is knowing whether their child's development is on track, and where to turn if they have concerns."

—a provider in Joliet

The Early Intervention (EI) program provides services for infants and toddlers with disabilities, from birth through age 3, to enhance development, minimize the need for special education, and enhance the capacity of families to meet their children's needs. This program is currently authorized as Part C of the Individuals with Disabilities Education Act (IDEA);[12] in Illinois, the DHS provides EI services.[13] IDEA requires that families with limited English proficiency have access to these services.[14]

According to the American Academy of Pediatrics, all children should receive hearing and vision testing, as well as regular screens with validated evidence-based tools at 9, 18, and 30 months of age to detect delays in reaching developmental milestones.[15] If the screening tool indicates possible concerns, the child should be referred to the local Child and Family Connections office for an evaluation by a team of EI therapists for possible delays in cognitive, physical, social-emotional, communication, or adaptive skills.

A child who is experiencing a 30% delay in one or more of those areas, or is experiencing a medically diagnosed condition that typically results in developmental delay, or is at risk of substantial delay due to other factors is eligible for EI services.[16] Depending on the outcome of the evaluation, the child may receive physical therapy, speech and language therapy, service coordination, occupational therapy, social work, or other services. In Illinois, these services are provided by independent contractors. EI services help children and families reach optimal developmental outcomes, and are delivered in the child's natural environment, most often the home.[17] In April 2018, there were over 25,809 active EI cases in Illinois.[18]

> *"Just having parents know about EI, having it be more of a well-known resource so that families could find out there are screenings if they have a concern, or request an evaluation, is important. [T]here are many families that have no idea what EI is."*
>
> *—a Joliet provider*

It was striking that, in every one of the 10 parent focus groups, several parents told us they had a child or niece or nephew who needed therapy for speech, motor skills, or autism. Sometimes the child had struggled for years before receiving help.

> *"We have to understand that sometimes our children aren't all right and need help."*
>
> *—a Little Village grandmother*

Families reported they were pleased with the quality of the EI services they received. One Evanston parent, who recently came to the United States, did not know that early intervention even existed until she spoke with staff at her local school district. EI has meant the world to her and her one-year-old disabled son. *"You call this number, and a team of people come to your home... I think I've had a really strong team and I know how good therapy looks like and these people are all like really good at what they do,"* she said.

Early intervention enabled a mother in Joliet to communicate better with her two-year-old daughter. *"I learned sign language along with my daughter. I learned techniques to get her to start talking more, and how to potty train my daughter too with nonverbal things. It's awesome,"* she said.

Intervening early, between birth and age three, not only helps children catch up to typically developing children, but it also helps families make connections with their children that would not be possible without the intervention, providers said.

> *"Parents' stress level with the concerns going on with their child was way up here, and by the end of the program they said, 'Oh, I get my child.' That connection has been made or that light has been turned on for them. This is amazing, this impacts that family and it spreads as that child then goes to the school district and so on. I don't think I've ever heard anyone say, 'I wish I hadn't done EI.'"*
>
> *—a Joliet provider*

A Round Lake focus group provider said she was startled at the results of Early Intervention among children she saw. With help from EI services, many children who showed serious developmental delays before age three were at the level of their peers by kindergarten. *"It was actually setting the school district up for savings. I know it makes sense from an economic standpoint– besides the obvious human reason that you'd want to do it,"* she said.

AN ESTIMATED

13%

OF CHILDREN

have developmental delays that would make them eligible for Early Intervention and would benefit from therapy[19]

1 in 4

CHILDREN

are at risk of a developmental delay[20]

Parents know the service is vital, but they reported that screening is hit-and-miss. Some doctors screen children for development at the recommended intervals with validated screening tools; many do not. Often doctors tell a family with concerns to "wait and see, they will grow out of it," rather than screening and referring the child for EI services.

> *"It's hard when you have a child that's a diverse learner or with any disability. It's hard if you do not understand what they are talking about because a lot of places, they talk down to parents, and it makes it very frustrating when you don't know the acronyms. The doctor tells you, 'Well, wait until the child turns 3.' It could go either way for that child; it could go good or it can go bad, but why won't you help me now? Why do I have to wait a whole year and come back to you to get the help that I need? It's not fair to the parent or the child."*
>
> *—a parent in Englewood*

Screening is sometimes available in places other than doctor's offices. Parents reported getting screenings at WIC or public health offices. A few public libraries are beginning to make screening materials like the Ages and Stages Questionnaire available for families, and Easterseals has made it possible for parents to complete screenings online.[21] Despite the effectiveness of EI services for children's development, and the tremendous support the program provides for parents and families, the lack of a coordinated system to make screening available for every child means that many children who would benefit from EI are missed.

Although school districts are mandated by the IDEA Child Find law to do screenings for 0–3 year olds, they often do not.

> *"You can bring that one up…..We're missing a lot of kids. There's nationally about a 3% participation rate in Early Intervention, and our statistics show that we are missing kids in Round Lake, we're missing kids in Zion, and we're missing kids in North Chicago. Badly. The downside of it is, if it doesn't happen, then school districts pay the price in the future.*
>
> *—a Round Lake provider*

Even when children are identified, and services are authorized, the EI system in Illinois does not always deliver services in a timely manner. Providers noted they have trouble finding translators, leaving some children unserved. And there are wait lists for services in many neighborhoods, especially in high-poverty areas and in rural counties.

Eliminating the wait lists should be a high priority. One Joliet provider commented, *"There are children going through the program needing occupational therapy, but with the lack of providers in the area, children don't get those services. They then age out of the program and there has never been an occupational therapist available."*

One approach to solving the wait list problem may involve training or recruiting additional qualified therapists. State agencies should consider working with local universities to increase capacity of programs that help generate EI specialists.

Prompt payment to providers would be a welcome incentive to work in the EI system.

> *"The state was three months behind in payment…. When providers aren't getting paid, people aren't jumping on board. Many of the providers can make more money much more easily by working for a school district or going to a center."*
>
> *—a provider from Joliet*

Other possible steps toward solving the wait-list issue mentioned by providers include paying therapists in at least some areas for family no-shows; increasing payment rates in hard-to-serve areas; and paying therapists for travel time.

RECOMMENDATIONS: DEVELOPMENTAL SCREENING AND EARLY INTERVENTION

1. State agencies should work toward universal developmental screening for children ages 0-3, and, when concerns about possible developmental delays are present, encourage timely referrals to Early Intervention and other supportive resources like home visiting.
    a. The Illinois Department of Healthcare and Family Services (IHFS) should encourage and incentivize children's doctors to offer screening to All Kids families, to use screening tools, and to make timely referrals to Early Intervention and other supportive resources. IHFS and Child Find should collect and track data on screening, including by race, and use the data collaboratively to identify gaps.
    b. The Illinois Department of Human Services (DHS) should encourage WIC offices, school districts, and other state agencies having contact with families to provide developmental screening and make referrals to Early Intervention and other supportive resources.
    c. The Illinois State Board of Education (ISBE) should remind school districts that their Child Find responsibilities begin at birth, support school districts' involvement with local collaborative efforts to screen all children, and provide additional resources for families who may not qualify for Early Intervention services but are in need of developmental supports.
2. The state and federal governments should provide significant additional funding for Early Intervention services to serve every eligible child.
3. DHS and ISBE should provide access to outreach, evaluation, and services for Limited English Proficient parents and children as required by law.
4. To eliminate Early Intervention wait lists, DHS should make necessary policy changes, including paying Early Intervention providers promptly.
5. DHS and ISBE should track, measure, and report on disparities in screening and EI services by race/ethnicity.

Good Nutrition

The Special Supplemental Nutrition Program for Women Infants and Children (WIC) is a federally funded, state-administered program that provides nutrition assistance to families with young children. WIC is available to pregnant women and families with children up to the age of 5 who have income below 185% of the federal poverty level ($37,777 for a family of three).[22] WIC does not ask applicants questions about their immigration status. Almost every parent in the focus groups had heard of the WIC program, and most had relied on it at some point for breastfeeding support or baby formula. Many parents learned about WIC from family members, and others were referred to WIC by their prenatal care providers or the hospital where their children were delivered.

WIC served an estimated 213,135 adults and children in Illinois in FY 2017. In 2014, the national coverage rate for eligible participants was 54.8%, while the Illinois coverage rate was 48.1%.[23] WIC pays for baby formula, which can cost $130 a month (or over $400 a month if the baby needs specialized formula), as well as eggs, peanut butter, whole wheat bread, pasta, cereal, milk, cheese, beans, and fruits and vegetables. Some focus group participants reported that they left the program when their children no longer needed formula, but many, especially those in Englewood where WIC products are available in special WIC stores, stayed in the program longer.

WIC requires participating families to attend classes on nutrition and to bring their children to the office to be weighed. Families also receive screening and referrals to other health, welfare, and social services.

Parents reported mixed feelings about the nutrition classes. One Round Lake parent noted she now better understood food labels. A provider from Far North Side of Chicago said that parents liked the online classes, especially during the winter months when travel is difficult.

> *"It's very helpful because the babies don't come with a manual, and WIC helps us learn."*
>
> *—a Joliet parent*

Others were more critical. One Ottawa parent said the classes were a waste of her time. One provider from the Far North Side of Chicago thought the WIC classes and the available food choices were not culturally relevant for many immigrant and refugee families — *"It's usually just a complete mismatch with what families are cooking, and the families that I serve are cooking high nutritional value meals."*

Parents suggested improvements that would make WIC more accessible. Some parents who work or are in school would like centers to offer alternative hours to make services more convenient, so they will not need to miss work or class. Some suggested finding a way to distribute the coupons without requiring periodic visits to the office.

Parents also would like better coordination with pediatric care to reduce children's visits to the WIC office, more flexibility in food choices within a range of products, and more respect for parents' choices for their children. A Carterville parent suggested allowing parents to serve whole fruits rather than insisting that the child drink fruit juices.

Parents would like WIC to collaborate more with hospitals about the type of formula available, so formula that works for the child in the hospital can be continued through WIC when the child goes home. Other parents mentioned that special products needed for a child should be able to be continued automatically through the renewal process. As one Carterville parent noted, *"Every time it was time to renew, I had to bring a new doctor note if I wanted to continue getting that formula. It's a hassle to do that because it's a month waiting to even get into the doctor."*

The WIC program is inflexible and restrictive on choice of brands, package size, and type of milk, which parents found difficult. For example, an Ottawa parent noted that WIC does not seem to understand that there are some people with children who don't eat meat or refuse to eat meat and they need to gain weight. *"Without a doctor's note you can't get two percent or whole milk for that child unless you go to the doctor to get the doctor's note. We should be able to choose the kind of milk for our child,"* that parent said.

Another parent from Ottawa said that WIC seems to be judging single and married mothers because of the help they are receiving. *"I don't like the regulations of here's what you have to feed your children because you don't know how to feed your kid because you're poor. That to me is the stigma behind it."*

One parent from Carterville noted that the program should cover more product brands and sizes for convenience and ease of access. *"If one little thing is off, they won't accept it and you have to redo the whole order. I ran into that several times. One brand wouldn't be covered. Same price, same thing. But, just some things were not covered, and it'd mess the whole order up. Seemed like it was a pain in the butt every time you had to do it. But I did it anyway. I had to feed my child."*

The program's lack of flexibility leads to delays in the check-out line, and public embarrassment. More flexibility on the size of the product, and not having to use all the coupons at once, would help.

> *"You are using the coupons, and you feel bad because, if there are a lot of people behind you, it's a lot of time …because the system is slow, it is very tedious, you have to put the number, you have to see if your signature is correct, you have to pass the coupons through the machine."*
>
> *—an Aurora parent*

Stigma is another barrier.

> *"I never used my coupons because [the cashiers] were so ruthless the first time. I made my father-in-law go get it because they were so mean the first time and I've been working since I was 16 paying my taxes and I needed the WIC at the time. I wasn't embarrassed to use it but they sure made me feel less than what I was. So, I signed his name on it and I never went again."*
>
> *—an Ottawa parent*

Not all stores clearly label eligible products. And if there are no grocery stores in the area, WIC coupons are difficult to use. "In Joliet, a lot of families rely on Family Dollar for groceries in that area. Which is very sad. Not having access to a grocery store to obtain the milk and the products needed for WIC is a challenge," a provider said.

The Supplemental Nutrition Assistance Program (SNAP, formerly known as food stamps) helps families with low-income purchase nutritious food. Benefits are provided through an Electronic Benefits Transfer debit card (EBT), which families find much easier to use than WIC coupons. (Although many other states already provide WIC benefits through EBT, Illinois will not do so until 2020). The SNAP program allows more food choice than WIC, and provides food for the whole household. However, the income eligibility limit for SNAP – 165% of the federal poverty level (FPL) for gross income and 100% FPL for net income – is lower than WIC's and the SNAP program has other restrictions.[24] SNAP assistance reached 969,485 Illinois households (1,867,272 persons) in August 2017.[25] Many families in the focus groups used both WIC and SNAP to help feed their children.

Immigrant families face particular barriers to receiving SNAP assistance. While refugees, asylees and U.S. citizen and lawful permanent resident children are eligible for SNAP, adult lawful permanent residents are not eligible for SNAP benefits until five years after they have obtained Legal Permanent Resident status.[26] But many immigrant parents choose to face food insecurity rather than risk scrutiny by government authorities. According to the U.S. Department of Agriculture, SNAP participation has been historically low among eligible non-citizen households. In 2008, the national participation rate for citizen children living with non-citizen adults was 55%, as compared to the national participation rate of 86% for all eligible children.[27]

Focus group families with mixed immigration status told us they were less likely to use SNAP than WIC. Many parents are afraid to apply to either program.

"Many would much rather go to pantries and get their groceries there. People are scared that their information will be distributed to ICE and they'll be deported, or they'll do something to them. They would much rather not put themselves in a potentially dangerous situation."

—Round Lake providers

RECOMMENDATIONS: NUTRITION

1. The Illinois Department of Human Services (DHS) should work to eliminate barriers to families' use of Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) benefits by implementing the following policy changes:
    a. Move to electronic benefits transfer before 2020.
    b. Ensure WIC office hours are convenient for working parents and parents attending classes, and do not require parents to miss work or use their lunch hour to pick up coupons.
    c. Provide outreach and classes in languages other than English and reassure families that WIC will not inquire about parents' immigration status.
    d. Work with local governments and agencies to furnish convenient transportation to the office for parents with infants and more than one child.
    e. Increase the use of online classes, conference call meetings, and mailed coupons to reduce the need for in-person visits.
    f. Modify nutrition classes to support food choices appropriate to families' cultures.
    g. Respect and support a parent's food preferences for their child whenever nutritionally appropriate and avoid patronizing or stigmatizing parents.
    h. Reduce how often a child must be brought to the WIC office by coordinating child health care with the family's medical home, including sharing child's recent weight.
    i. Coordinate renewal dates for all members of the household to avoid repeat trips to the office.
    j. Automatically renew doctor's authorization for particular formula, milk, and foods whenever possible.
    k. Coordinate developmental screening and referrals to EI, home visiting and other supports with the family's medical home.
    l. Ask parents what would make continuing in the WIC program worth their time. Consider offering additional services as children get older, such as access to dental care and vouchers for diapers.
    m. Increase access to the Farmer's Market Nutrition Program throughout the state.
    n. Coordinate community gardening and nutrition classes with the University of Illinois Extension program.

RECOMMENDATIONS: NUTRITION (CONT.)

2. Illinois should work with the U.S. Department of Agriculture to add flexibility to the WIC food basket by:
   a. Allowing items listed on the coupons to be purchased within a broader window of time. "Buy it all today or lose it" results in the need to freeze milk, etc.
   b. Providing greater flexibility in size and brands for comparable food items that may be unavailable at the local grocery store.
   c. Providing flexibility within food categories to meet a family's needs. E.g., allocate a certain dollar amount for peanut butter and legumes or milk and cheese, as is done with fresh fruits and vegetables.
3. DHS should provide information and outreach materials for SNAP in multiple languages, including information about how non-citizen parents can apply for benefits for citizen children.

Parenting Support and Information

Investments in programs that strengthen parent-child bonding and promote children's social-emotional development during the critical first three years will pay big dividends in later years. "*Parenting is a tough job that people don't train for. Anybody that has children needs support services,"* a Joliet provider said. *"There has to be an education piece for families,"* a Far North Side provider noted. *"No kids come with instructions,"* said an Ottawa parent.

The early years of life are a critical time when children learn to understand language and human interaction, and begin to communicate. *"Parents really need to know that from birth to two and a half, talking, talking, talking to those young infants is important, even though you don't think they understand,"* a Round Lake provider noted.

Voluntary home visiting programs, which provide family support and coaching through regular visits with a trained professional based on a family's needs and schedules, provide the practical information and skills parents are eager to have, at a convenient place and time, from before the birth through the child's early years. These research-based programs have been shown to be cost-effective in improving child safety, health, and parent skills.[28]

"I feel like this program really aimed to reach us and help us and give us support, to know how to raise our children. We feel like we're supported even though we're here alone. There's really nothing that I can say bad about this program. It's been helpful."

—a parent from Congo who participates in a home visiting program through Refugee One in Uptown

"I was really happy to have this support and having people care, and come to see my child, and feel that I had support, and giving me courage to parent."

—another parent from Congo living in the Far North Side of Chicago[29]

Spanish-speaking parents in Joliet reported that they greatly value the supportive relationship they formed with their home visitor, the information they gained about child development and community resources, and the monthly group activities. Parents who would otherwise be isolated by language barriers, lack of transportation, or the demands of parenting a young child with disabilities were relieved to have a regular opportunity to talk with a trusted home visitor about their child and get referrals to other community services.

Grandparents helping raise grandchildren also find home visiting programs to be helpful and informative.

> *"Once my grandson was born, I had to take care of him when [his mother] would go to school. They would conduct weekly visits and they lasted approximately one and a half to two hours. Every fifteen days I would have to take him to something called socialization so he could start, despite being very young, he would start experiencing and hearing social interactions. Eventually once he started getting older he was capable of interacting with other children."*
>
> *—a Little Village grandparent*

> *"We think that because we have experienced motherhood you have this mindset that you know everything there is to know about parenting, but this program provided me with information that I was not familiar with. But once you start familiarizing yourself with these tactics you see how it makes parenting so much easier and I am almost wishing I had known this before. I probably would have acted differently when raising my own."*
>
> *—another grandmother from Little Village*

Unfortunately, Illinois home visiting programs, funded through a combination of ISBE's Prevention Initiative grants, DHS Healthy Families and Parents Too Soon programs, and federal Early Head Start, serve only one in ten low-income families. Many families do not know about these programs, and doctors and other professionals serving families do not know how to refer families to them.

> *"Home visiting would be great for all families to have the opportunity to partake in. The state program we work in only takes families with at-risk characteristics. In this area, there are increasing numbers of families with mental illness and domestic violence, as well as poverty."*
>
> *—a Joliet provider*

> *"I actually know a couple that had no idea what they were doing when they had a baby and they could have used the resources that you mention. Even if it was something that . . . after the child is born they do a follow up with the parents maybe at three months old. A "Hey how's it going? Do you have any questions? Do you have any concerns developmentally?"*
>
> *—an Ottawa parent*

In every focus group, parents and providers agreed that new state investments are needed to expand home visiting services to more families. In addition, families said they would greatly benefit from access to other parenting education and support programs, including parent resource centers, facilitated play groups, early literacy activities, and parenting workshops. Other families noted that additional parent supports may be needed for families who are afraid to invite a home visitor into their homes, due to fear of child protective services or other barriers.

"I think there are a lot of families that benefit from home visits. But I sometimes wonder if we're missing a whole group of people that would love to be involved in that educational piece, but they don't want you in their home. They feel like you're there criticizing them instead of embracing them, and it takes a while to build those relationships until they feel safe."

—a Joliet provider

A provider from Joliet suggested offering centralized intake—one spot to help families with parenting. In every community, parents reported that free or affordable parenting programs are scarce for parents of 0-3-year olds.

A provider from Round Lake said it would be great if the school district were the focal point for parenting and early education services. *"So every school district would have to have a 0-3 coordinator or program. And a 3-5 coordinator or program. We shouldn't all be working in silos."*

Investments in parenting programs are especially critical for parents with Limited English Proficiency (LEP), as they may feel particularly isolated and in need of connections to community resources. Home visitors who speak the parent's language can support reading, talking, and singing to promote optimal cognitive and social growth in the child, and provide support and connections to the community for the parent.

Federal laws protect LEP parents' right to meaningful access to programs, services, and information provided with federal funding,[30] including many of the services available to young children. Title VI of the Civil Rights Act of 1964, and the Title VI regulations, prohibit discrimination based on national origin, and Executive Order 13166 issued in 2000, the federal guidance of 2011,[31] as well as language access plans adopted by DHS[32] require more meaningful access to programs than many of focus group participants reported having experienced. Access includes outreach in a language understood by LEP parents, translation of important documents like application forms, information posted on websites, and translation services.

In Illinois, 22.7% of families speak a language other than English in the home, and 6.2% report speaking English "not at all."[33] On Chicago's Far North Side, providers of home visiting and parenting programs told us they are challenged to find enough bilingual staff and translators for their clients who speak many different languages, including Ukrainian, Russian, Romanian, Urdu, Arabic, Farsi, Pashto, Mongolian, Chinese, Polish, Burmese, Congolese, Swahili, Rohingyan, and Spanish. Our focus groups in Wheaton, Joliet, Aurora, and Round Lake also included people who spoke many of these languages. And yet providers reported that the only language besides English in which applications for state services are available is Spanish.

"Even to hire like a family support worker or a home visitor that could speak a different language—I mean that's a gold star if you can find that person. We need interpreters when we go, unless there's someone in the home who speaks enough English, which does happen. There is no money to pay the interpreters,"

—a Far North Side Chicago provider

RECOMMENDATIONS: PARENTING SUPPORT AND INFORMATION

1. To reduce social isolation, boost parent skills, provide a stable, nurturing environment and stimulate children's physical, social-emotional and cognitive growth, promote child health and development, and connect parents of infants and toddlers to each other and to community resources:
   a. The Illinois Department of Human Services (DHS) and Illinois State Board of Education (ISBE) should increase funding for and expand voluntary home visiting programs, making them available to every family who has low income or faces other challenges.
   b. Services, programs, and information should be meaningfully accessible to all families, and provided with cultural sensitivity.
   c. Illinois and the federal government should increase funding for and expand Early Head Start programs, which currently reach only 4% of eligible families.
   d. DHS, the Illinois Department of Public Health, the Illinois Department of Healthcare and Family Services, and ISBE should work together with local communities, parks, and libraries to provide a full continuum of voluntary services throughout the state to fill the variety of family needs for 0-3 parenting resources and supports. Services should include parent resource centers, structured playgroups, parenting workshops, programs that develop parent leadership skills, early literacy activities, and web-based information about human development and skill building for parents.
   e. Illinois should support local community collaborations to increase referrals among programs and include parent perspectives in assessing needs and designing solutions.
2. All parent support programs should be provided by staff who demonstrate linguistic and cultural competence, and information and outreach materials should be accessible to Limited English Proficient families.

Affordable, Quality Child Care

For most parents in the focus groups, access to child care was their most important concern. Working parents need child care if there is not a spouse or family member staying home to care for the child. Care in a high quality setting can provide benefits for the child, as well.[34] But good quality infant/toddler care, which supports a child's learning, can cost as much as college tuition and more than rent or a mortgage.[35] In Cook County, for example, the average annual cost for infant care in a licensed family home is $9,065, and the cost of care in a licensed center averages $13,560. Especially for families with more than one child, this burden is significant. The federal government defines "affordable child care" as care that costs no more than 7 percent of a family's income.[36] For low-income families, these costs can far exceed that definition.

Both parents and grandparents in Little Village noted *"how beneficial daycare programs can be for a child's learning development"* and expressed disappointment that many parents in their community left their children with family. Some providers in Joliet expressed concern that poor quality child care can impede a child's development.

> *"Regardless of what type of child care it is, it can make the family so much more stable. The mom can work regular hours or know what hours she has care for and they have a routine. Whereas a lot of times when the child is zero to two and the mom is not working, and they are struggling to get child care, it is that catch 22 of you can't get a job without child care but you can't pay for child care without working."*
>
> *—a Joliet provider*

Many parents in the focus groups who were not currently working were eager to work, but lack of child care was an obstacle.

> *"For some parents who have found a job, or interview, one of the barriers is just child care because they cannot afford it or pay for it because they don't have a job yet. They don't have anybody to watch the child to go out to interview or even get it started. It is a pushback for them. They can't even get started and that is a huge rut for them. That is another reason they just give up. They just feel they can't go forward."*
>
> *—a North Lawndale provider*

The federal Child Care Development Block Grant program provides grants to states to establish a child care subsidy program.[37] In Illinois, the Child Care Assistance Program (CCAP), operated by DHS, helps offset the cost of licensed and license-exempt care for families with income up to 185% of the federal poverty level. Co-payments are required. If parents are not TANF (cash assistance) recipients, then they must be working or attending school. CCAP in Illinois is not available for parents who are seeking employment but have not yet found it. DHS reported in March 2017 that 72,786 Illinois children under the age of 6 were cared for in settings with CCAP subsidies, which is about 20% of the 368,640 children under age 6 whose families have income low enough to qualify.[38] Many families we spoke with who were working, or looking for work, were unaware of the program.

Participants who did know about CCAP expressed much frustration with the difficulty of accessing the benefit. They found the application to be long and complicated, especially for parents with limited education or language barriers. Parents in Wheaton reported that they had been given flyers about CCAP with a phone number to call, but when they called the number, they could not understand the questions the person on the phone was asking, and gave up. A provider from the Far North Side of Chicago said it would help parents in her area if applications were available in different languages. Ottawa parents reported that it took the agency many weeks to process their application. Then, when an answer to a question was incomplete, the application was returned unprocessed and they had to start over. Until the application was approved, it was difficult to find the child care they needed to stay employed.

Because of the long delays in processing applications, child care providers in the groups in Ottawa and the Far North Side of Chicago said they are unwilling to accept low-income children into their programs until a family's CCAP application has been approved. Providers told us of past experiences where families accrued weeks of unpaid child care bills while their applications for CCAP were pending, sometimes amounting to thousands of dollars. When the family's application for CCAP was denied, sometimes incorrectly, the family was unable to pay the bill, the child care center stopped providing care, and the parent lost her job because she had no child care, and also lost the ability to repay the bill.

To improve the CCAP application processing speed, and improve service to families, providers suggested that the state set up more satellite offices, or have more Site Administered Providers; give more providers access to eligibility information in state databases so they can better evaluate families' chances of success; grant 12-months of eligibility instead of 3- or 6-months; and provide full-school year eligibility for teenage parents attending school without redetermination.

Even if a family's application for a CCAP subsidy is approved, child care for babies and infants is often difficult to find. *"A lot of agencies have services that don't start until your kid is 2 because they can't afford to expand them to younger ages,"* explained a Far North Side provider. A higher staff-to-child ratio is needed to meet licensing standards, but the subsidy rates are not high enough to cover the additional expenses.

Most focus group parents were not aware that trusted friends and relatives who complete health and safety training and background checks can qualify as CCAP providers. Some parents expressed distrust and discomfort with the idea of anyone else caring for their baby: *"I would never leave her in the care of a stranger. Maybe with a relative, so I would know they would not hurt her. How do I know my baby is safe?"* Several grandparents stated they planned to follow up with their local child care resource and referral agency to be trained to care for their grandchildren.

Child care providers noted that recent changes to health and safety requirements, which the state has made in response to new federal law,[39] have made it much more difficult find staff.

> *"We pay them nothing and expect everything.... It's high stress, no money, and we have these expectations that make attracting the people you want with children nearly impossible. A center that does not offer health insurance recently told of a child care worker who had to choose: 'Do I get my car fixed so I can come to work, or do I pay for my health exam that I need in order to keep my job?' The children who need to be with us will not have care because we can't hire."*
>
> *—a Joliet provider*

A recent report by the Illinois Infant Toddler Teacher Quality Initiative Task Force[40] recommends that the state *"[i]mprove coordination of state early childhood systems and funding to support increased qualifications of and commensurate compensation parity for the infant/toddler workforce.... Build an infant/toddler workforce that reflects the diversity of young children in Illinois and has the competencies to effectively support multi-language learners."* The focus group findings point to the need for speedy implementation of those recommendations.

RECOMMENDATIONS: CHILD CARE

1. To increase parent knowledge about quality child care options and increase access to the child care assistance program:
    a. The Illinois Department of Human Services (DHS) and the federal government should increase funding for the federal Child Care Development Block Grant, and the state Child Care Assistance Program (CCAP), to raise the child care assistance subsidy amount so families pay no more than 7% of income for child care.
    b. Eliminate the eligibility "cliff" and allow family income to increase before losing CCAP subsidies.
    c. Make families eligible for a child care subsidy while seeking employment.
    d. Speed up the initial eligibility determination so providers will be willing to hold a space.
    e. Provide universal eligibility in targeted high poverty communities.
    f. Increase 0-3 child care availability through higher rates and incentives.
    g. Provide training for licensed child care staff and license-exempt providers in multiple languages and provide information and outreach to families in multiple languages.
2. DHS should improve child care quality and staff stability through higher pay and scholarships for staff to obtain credentials and training.

Safe Housing and Transportation

Where families live affects their children's access to the social, health, nutrition, and educational supports they need to thrive. Social capital and opportunity, as well as access to quality child care and healthful food, can be constrained in high-poverty neighborhoods.[41] Throughout the state, low-income families face a shortage of affordable housing, and when rent or mortgage costs consume a high percentage of family income, there is not enough left each month to cover the family's other expenses.[42] Utility shut-offs, frequent moves, and sporadic homelessness make it much harder for parents to maintain employment and provide children with stability.

According to the federal Administration on Children and Families

ALMOST

50,000

CHILDREN UNDER AGE 6 IN ILLINOIS

1 in 19

EXPERIENCED HOMELESSNESS IN 2015.[43]

"We had no money to pay for the rent and we didn't know about the rules. It was very hard…My husband cannot make enough money for everything. The Section 8 waitlist is closed, you cannot get on that waitlist at this time."

—an Evanston parent temporarily housed in a shelter

When families live in shelters, or without stable housing, accessing services like CCAP or EI is difficult, particularly if families move between towns, one Joliet provider said.

Families living in federally supported housing often are at higher risk for exposure to environmental toxins. About 70% of Superfund sites, with contaminants including lead, are within a mile of public housing or HUD multifamily housing, and lead, zinc, and copper smelting plants in Illinois have deposited dangerous levels of lead and other contaminants in communities across the state.[44] In addition to housing built on or near contaminated sites, poorly maintained housing and lead water pipes may expose pregnant women, infants, and toddlers to lead and other neurotoxins.[45] The most common cause of lead poisoning is from hand-to-mouth transmission- of lead-contaminated surface dust from deteriorated lead house paint, house dust, and lead-contaminated soil.[46] There is no "safe" blood lead level; lead is a neurotoxin that causes irreversible neurological harm and results in significant damage affecting cognition, IQ, behavior, bodily functions, growth, and development at even very low levels.[47] The risk of lead poisoning falls disproportionately on children of color, with non-Hispanic Black children nearly three times more likely than White children to have highly elevated blood lead levels and consequent health effects.[48] Lead is stored in bone tissue, and its transferability to blood is increased in individuals who are calcium-deficient, making access to nutritious foods particularly important for low-income communities.[49]

All focus group parents had heard about the dangers of lead poisoning, and most said that their doctors had tested their children's blood lead levels. Parents in many focus groups reported that their children had been found to have elevated blood lead levels. Some wondered whether their older children's struggles with autism or learning difficulties were directly related to lead exposure.

Many parents with low income, faced with a shortage of affordable housing and long wait lists for housing vouchers, have difficulty finding safe, stable housing for their families and face impossible choices. One parent explained that she was initially reluctant to report that lead paint in her apartment had caused her child's lead poisoning, for fear that her landlord would retaliate, and her family would lose their home.

RECOMMENDATIONS: SAFE HOUSING AND TRANSPORTATION

1. To reduce housing cost burdens for low-income households with young children, Illinois and the federal government should expand investments in Public Housing, Housing Choice Vouchers, and Project-Based Rental Assistance (Section 8), with a priority given to families with children under age 3.
2. Local governments should prioritize the health and safety of low income families with young children in decisions on toxic waste site clean-up, zoning, location of parks and outdoor play areas, transportation routes, and elimination of food deserts and child care deserts, and promote access for these families to neighborhoods of opportunity.
3. State and federal agencies should work together to fully eliminate lead hazards in all housing that is federally assisted, privately rented, or owner-occupied. The U.S. Department of Housing and Urban Development (HUD) must identify lead in housing and remove it before children are exposed and must collaborate with other federal, state, and local agencies to ensure children are protected from lead.
4. Local and state governments should provide subsidized transportation in rural and suburban communities so that parents of infants and toddlers are able to access child care centers, job training sites, WIC offices, grocery stores, health care, libraries, and other services.

Income Support

Children need the income that cash assistance provides to help their families maintain a stable and nurturing environment. When a parent experiences a job loss, or has difficulty finding a job, cash assistance may be the only way to pay for diapers, utility bills, rent, clothing, and other necessities, since SNAP and Medicaid cannot be used for those expenses. The Temporary Assistance for Needy Families program (TANF) replaced the older Aid to Families with Dependent Children Program (AFDC) in 1996. TANF assistance is time-limited and has onerous work requirements. In order to qualify for TANF, a person must be either pregnant or the parent or another relative responsible for the care of a child under 19 years of age, have low or very low income[50] and be either under-employed (working for very low wages), unemployed, or about to become unemployed.[51]

Many families in the focus groups were not aware of the TANF program, especially in the focus groups conducted in Spanish. Due to the complex interaction of immigration and welfare laws, there is much confusion about eligibility rules for all public benefit programs in immigrant communities, as well as in the agencies serving those communities.[52] More than a few services providers did not believe that a cash welfare program even still exists in Illinois. Often, eligible immigrants have assumed that they should not seek assistance.

Indeed, the number of families enrolled in cash assistance in Illinois has been steadily declining, although child poverty has not declined. Although 241,349 households received AFDC in 1986, that number declined to 50,759 TANF households in 2013, and only 25,791 TANF households in September 2017.[53] But 216,000 families with children were living in poverty in Illinois in 2016.[54]

The focus group participants who had heard of TANF reported significant barriers for people who try to apply. The application process and providing proof of work hours is difficult for many families, and translation and outreach in languages other than English and Spanish was not available. Parents reported that they were reluctant to apply for benefits unless they were in desperate straits, because there is a lifetime limit of five years on TANF assistance, and they worried that they might have even greater need in the future.

TANF recipients are also required to participate in mandatory work-related activities.[55] To receive TANF benefits after a child is 12 months old in Illinois, a parent must work in an unpaid position. In East St. Louis, focus group participants reported that the unpaid TANF training positions have on occasion led to good jobs, but in Carterville, participants reported that the unpaid positions available for TANF recipients were in low-paying fast-food restaurants that did not lead to better jobs. In Wheaton, a parent said, *"Staff just tell recipients where to find volunteer jobs, such as at the Salvation Army. Or they offer their location where you can help with paperwork or office filing."*

For the past ten years, the TANF benefit level in Illinois has been a maximum $432/month (or $5,184/year) for a family of three with no income, and even less in downstate counties. Effective October 1, 2018, the state legislature raised the statewide benefit level to $520/month (or $6,240/year) for a family of three.[56] By working in an unpaid position for 30-35 hours a week, for a benefit check of $432 or less, families and providers calculated the TANF recipients were effectively earning less than $3/hour. Focus group participants noted that, unless the volunteer training position led to a good job, they would be better off just finding a minimum wage job and not applying for the TANF benefit. The goal of the TANF program to lead families to self-sufficiency was only realized when the training programs offered genuine opportunities to gain skills leading to employment at wages high enough to support a family.

The experience of finding work through the TANF program has been disillusioning for some.

> *"I tried to get a job with them. Or I went through with the application. It feels like they are selling you a dream but you're not going to get it."*
>
> *—one parent from Wheaton*

Focus group participants also noted that TANF job training is offered only in English. At the same time, early childhood employers are in great need of culturally and linguistically competent staff to interact with the parents and children of immigrants. Authorizing TANF job training opportunities for LEP parents in child care centers along with English classes could help both the centers and the parents.

TANF applicants and recipients are also required to cooperate with child support enforcement against their children's non-custodial parent. Some families appreciate the help in seeking support from the child's other parent, but for many, the federal requirement to cooperate with child support enforcement is a barrier. A few parents said they knew that the father was unemployed and doing the best he could for his child, and a legal judgment put him into a deeper hole.

> *"The child's father could be doing something but probably doesn't have the money. But he will come pick up the kids or do other things with them to spend time with them. You think at least he's doing something so why would I put him on child support and make him feel lesser than a man because he can't afford to pay."*
>
> *—a parent in Wheaton*

DHS can waive the child support enforcement cooperation requirement, if compliance would make it more difficult for a parent to escape domestic violence or unfairly penalize individuals who are victims. However, this waiver is reportedly not always offered.

> *"I got told I had to go after my daughter's father for child support. And it was even worse because he was a rapist so I had to actually face him in court which made it ten times worse, all because TANF told me with me having cash assistance I had to go after him. They made me actually sit next to him in the courtroom. It was bad."*
>
> *—a Joliet parent*

By reducing the barriers to cash assistance, Illinois policymakers can greatly improve the odds for children born into poverty. Illinois needs to improve public awareness that cash assistance and job training programs are available to families. The TANF grant amount should be further increased. The jobs component should consistently provide a path to wages that can support a family. Illinois should educate mothers and fathers about the child support program and about recent changes in law and policy that make the program more fair to parents. For example Illinois now excludes part of the non-custodial parents' income (the self-support reserve) from being considered in setting the child support amount, and Illinois now assists non-custodial parents with modifying their child support orders downward when they lose their jobs so they are not threatened with sanctions like loss of their driver's license. Knowing more about the child support program as it operated in 2018 might reduce parents' hesitancy to enroll in the program. Illinois should continue to offer child support enforcement when the family wants it, but exempt families with waivers whenever appropriate. Further, when a parent believes that seeking child support from the other parent would alienate an involved father who is already providing what he can, and therefore child support enforcement would not be in the child's best interest, Illinois should provide cash assistance through a redesigned program using state funds to avoid the federal child support requirement.

In many of the communities we visited, local charity is an important resource for low-income families, especially for immigrants able to connect with groups like the Iraqi Mutual Aid Society in Chicago, or the food pantry in Round Lake. Both parents and providers noted that local private charities provide parents in need with crucial resources like food packages, cribs, small packets of diapers, or help with electric bills. But while these resources were very welcome, parents without transportation, in places like Wheaton or Round Lake, had difficulty accessing them.

Importantly, local charities cannot meet all of a family's basic needs in any community. Government-funded programs that consistently provide the supports that parents identified—health care, nutrition, parenting information, child care, and cash assistance—are essential. These must be well-publicized and available to all who are eligible, fairly administered, stable over time, accessible to non-English speakers, and designed to respect and support parents facing difficult challenges.

RECOMMENDATIONS: INCOME SUPPORT

1. The state and federal governments should increase refundable tax credits and income supports so that parents can provide what their children need, including diapers, clothing, safe housing, utilities, and books.
2. The Illinois Department of Human Services (DHS) should make the following changes to the Temporary Assistance for Needy Families (TANF) program:
    a. DHS should work to increase awareness of the TANF program.
    b. Continue to raise the grant amount.
    c. Allow families to decide whether to pursue child support.
    d. Improve job training placements to ensure that they will lead to real career opportunities.

Babies Can't Wait

We can change the trajectory for today's children by investing in their earliest years, before birth to age three, when their brains are growing most rapidly, forming the neural structures that set the foundation for all their later learning. As our newest residents learn to talk, walk, self-regulate, and interact with others over the next three years, there is a limited window of opportunity to support their optimal growth.

Our focus groups revealed low-income parents' deep love for their children, their generosity, and their strength in the face of adversity. The enormity of their struggles and the depth of their frustration deserve a response from policymakers. We all should listen to what they are saying and commit to making the necessary investments to support healthy development for the children who will come of age in the blink of an eye.

We must act now; if we do, our children's chances of contributing to a strong and thriving state will greatly improve. Babies cannot wait; their parents need access today to the supports and resources necessary to provide their very young children with good nutrition, sensitive, responsive nurturing and attention, and a stable and safe environment free from violence and toxic substances. With better supports for parents, and quality early care and education from birth, we can greatly improve the odds for the future of all our children, our most important resource.

Acknowledgements

We hope this report will provide readers with a clearer understanding of how public benefits and parenting programs work to improve the lives of children and parents, and that hearing parents' and providers' stories will galvanize support to expand and improve these programs.

We are grateful to the dozens of parents and grandparents who so openly and generously shared with us their compelling stories of their experiences with public benefits and parenting programs. Your love for your beautiful children, and your sacrifices to provide for them, were inspiring.

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Appendix: The 12 Focus Group Communities

Together with researchers from Loyola University of Chicago's Center for Urban Research, we conducted 14 focus groups in 12 communities throughout Illinois.

Community Organizing and Family Issues (COFI), an Illinois group that has trained and organized thousands of parents across Illinois, recruited parents for eight of the focus groups. COFI also sent trained parent leaders to most of the parent focus groups to encourage parents to openly express their opinions. As part of each of those focus group sessions, parent leaders gave inspiring presentations describing COFI parents' successes in advocating for young children in their own communities.

Four additional focus groups were conducted with service providers, including child care center directors, Early Intervention coordinators, home visitors, and social workers. These focus groups provided perspective on the issues facing low-income parents and caregivers and invaluable insight into policy barriers and possible solutions. All focus group participants were promised anonymity.

Below are brief profiles of each of the communities included in the focus groups.

Situated in rural Illinois, **Ottawa** is the seat of government for LaSalle County, the second largest county in the state and one of the oldest. From 1918 to 1978, Ottawa was home to two different factories that painted radioactive glow in the dark numbers onto watches. Today, Ottawa honors the women who were poisoned while working there; 16 areas in and around the city remain EPA Superfund sites. Ottawa has a population of 18,707. Nearly 11 percent of the population is Latino, with 35.1 percent living below the poverty line. Thirty-six percent of the households living below the poverty line have children under the age of 5. Nearly one-quarter of all households are of limited English-speaking ability. Whites also are considered vulnerable, with almost 16 percent living under the poverty line. Many are employed in distribution centers, with low wages. Median income is $45,541.

East St. Louis' challenge remains persistent and unshakeable poverty. Once an industrial hub across the river from St. Louis, Missouri, East St. Louis has seen its population drop sharply from a high of 80,000 in the 1950s to 26,731 according to the latest census figures. Nearly 96 percent of the population is African-American with a median income hovering around $19,946. Approximately 42.5 percent of families lived below the poverty line; more than half of families are headed by women. More than two-thirds of households living below the poverty line have children under the age of 5. High unemployment remains a constant, and 46.5 percent of the population over the age of 16 did not work in the past 12 months, according to the latest Census figures.

Evanston is home to Northwestern University, one of this country's most distinguished universities. The community boasts a high median income ($71,317), outstanding city and ancillary services, and great access to the area's transportation systems. Yet even with all the community's resources, poverty remains a persistent issue. Nearly 14 percent of its residents live below the poverty line, and 6.6 percent of them are children under the age of 5. Nearly 17 percent of those living in poverty are African-American, over 28 percent are Asian, 18.6 percent are Latino. According to the latest Census figures, 24 percent of the population speaks a language other than English at home. According to the Statistical Atlas, languages spoken in the community include Spanish; African dialects; Slavic languages such as Russian and Polish; Asian languages such as Vietnamese, Chinese and Tagalog.

Language barriers have become a concern in the northern Illinois collar counties of DuPage, Will, and Kane counties. In **Wheaton**, the DuPage County seat, the median household income has reached $91,241. Yet, approximately 6.6 percent of the population lives in poverty; 6.4 percent of them are under the age of 5. Nearly 20 percent of the poor are Asian, 19.3 percent are African-American, and 6 percent are Latino. Limited English proficiency affects 6.2 percent of Spanish-speaking households; 12.9 percent of households speaking Polish, Serbo-Croatian, and other Indo-European languages, and 21.3 percent of households speaking Chinese, Tagalog and other Asian and Pacific Island languages.

For better than a century, **Aurora** was the hub for manufacturing and repairing railcars for the Chicago, Burlington and Quincy Railroad, according to the Encyclopedia of Chicago. Its economy now relies on some manufacturing, as well as warehousing, corporate parks, healthcare, higher education, casinos and technology for employment. The city has become the second largest in northern Illinois, with a population of 200,907. Median household income has jumped to nearly $64,000. Yet, 14 percent of its population lives below the poverty line. African Americans, Latinos, and Native Americans account for the highest percentages of those living in poverty. Children under the age of 5 account for 21 percent of the people living under the poverty line. Limited English proficiency affects just over 26 percent of Latino households; 12 percent of households speaking Indo-European languages, such as Russian and Polish, Arabic, Urdu, Persian, Gujarati; and 21 percent speaking Asian-Pacific Island languages including Chinese and Vietnamese.

Almost from the time of its founding in the 1840s, **Joliet** was a blue-collar town, with steel, limestone quarries and other industries housed there. The state's oldest public community college was situated in Joliet. Hard times fell on the town during the 1970s and 1980s, but the city rebounded in the 1990s with the advent of casinos and the NASCAR tracks in 2001. An Amazon distribution center is also housed there. The county seat of Will County, Joliet now has a population of 147,433; its median household income is nearly $62,000. Still, poverty hovers around 12 percent, with 21.8 of African Americans, 15.1 percent of Asians, and 16.6 percent of Latinos living below the poverty line. Children under the age of 5 account for 20 percent of the city's poor. Nearly one-quarter of the households speaking Spanish have limited English proficiency; 26.2 percent of households speaking Asian languages, such as Chinese and Vietnamese are limited English proficient. Other households with limited English proficiency speak Italian, Persian, and Arabic.

Formerly a farming community, **Round Lake**, situated just 10 minutes from Six Flags Great America, has a population of 18,425; it remains predominantly white. Latinos are 28.7 percent of the population; Asians, 11.7 percent; African-Americans, 7.4 percent. The median income of this community is $71,317. Yet, poverty affects 4.5 percent of the population. Nearly 7 percent of the Latino population lives below the poverty line, 4.5 percent of them children under the age of 5. The designation of some other race accounts for 13.5 percent of the population living below the poverty line. About 16.2 percent of the Latino population has limited English proficiency.

Founded just after the Civil War, **Carterville** is rural, slightly more than 60 miles from the Kentucky border. Coal was a predominant industry, but that has been replaced by healthcare, education, and some production and retail trades, according to the community's website. Its population of 5,742 is principally white. Poverty runs across racial lines, with 13.6 percent of whites, almost 85 percent of the community's small African-American population, and 35.3 percent of its small Latino population living below the poverty line, according to the latest Census figures. Overall, one-third of children under the age of 5 live in poverty. Nearly three-quarters of the families living in poverty are headed by women, according to the Census. Carterville is in the "Southern Seven" region, whose seven counties are among the poorest in the state.

Anchored at one time by a major shopping center, **Englewood**, on Chicago's South Side, has seen its fortunes decline. In the 1960s, the population stood at more than 97,000; today slightly more than 31,383 live there, according to the latest Census figures. Englewood's population is almost entirely African American. The neighborhood's median household income of $20,150 is less than half that of the entire city. More than 45.2 percent of the population lives below the poverty line. The unemployment rate hovers around 17 percent, which is more than four times the current national average of 4.1 percent, and more than half the population over the age of 16 did not work in the last year.

Originally settled by Eastern European immigrants, **Little Village**, on the South Side of Chicago, is now called the Mexico of the Midwest. The neighborhood is 85.2 percent Latino; more than one-third of its residents have limited English proficiency, and more than half are foreign-born. Although median income is estimated at $30,071, around 40.8 percent of households earn less than $25,000, and nearly half of the children in those households were under the age of 5. Nearly half of Little Village residents over the age of 16 did not work last year, according to the latest Census estimates. Neighboring **Pilsen** is a gentrifying neighborhood of 79,290, according to the latest Census estimates. A majority of the area is Latino. More than half the households speak a language other than English; 43.2 percent of those households have limited English proficiency. One-quarter of the families living in poverty have children under the age of 5. The median income is $37,574; 42.5 percent of the population over the age of 16 is not in the labor force.

Once an enclave of Czechs, **North Lawndale** in the 1920s became the largest Jewish settlement in Chicago. By the 1950s, African Americans had migrated to North Lawndale from the South and from the South Side of Chicago. After the riots of 1968, industries closed and the population dwindled from 124,000 in 1960 to just around 36,000. Nearly 90 percent of the population is now African American. The median income is $22,383; 43.1 percent of the households live below the poverty line. More than half of the population is not in the workforce.

The Far North Side of Chicago is one of Chicago's most ethnically diverse neighborhoods. According to a study conducted by DePaul University, Albany Park, part of the Far North Side, was the only Chicago neighborhood where more than half the population was born outside of the United States. More than 40 different languages are spoken by students in the public schools. Nearly half of the population is not proficient in English, making services even more challenging for people to access. Median income in this area is $51,969; nearly 20 percent of the population lives below the poverty line.

Endnotes

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4. *Yang, J., Granja, M., & Koball, H. (2017) Basic Facts about Low-Income Children: Children under 3 Years (2015) National Center for Children in Poverty, http://nccp.org/publications/pub_1171.html.*
5. *Blair, C and Raver, C (2016). Poverty, stress, and brain development: New directions for prevention and intervention. Academic Pediatrics 2016 Apr. 16 (3 Suppl): S30-S36. Retrieved from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5765853/.*
6. *Illinois Department of Public Health Birth Demographics records show that for the 158,101 births reported in 2015, the racial breakdown was Non-Hispanic White for 54.9%, Hispanic 21%, Black 17.2%, and Other 6.4%. http://www.dph.illinois.gov/sites/default/files/publications/Birth-Demographics-County-2015.pdf . The U.S. Census Fast Facts for Illinois (July 2016 estimates) for the total Illinois population shows: Non-Hispanic White 61.3%, Hispanic 17.8%, Black 13.3%, Other 7.6%.*
7. *The Federal Poverty Guideline for 2018 for a family of 3 is $20,780. https://aspe.hhs.gov/poverty-guidelines.*
8. *Annie E. Casey Foundation. (2017). Kids Count Data Book. Retrieved from: http://datacenter.kidscount.org.*
9. *Child Health Insurance Program, extended for six more years by Congress in January 2018.*
10. *http://protectourcareil.org/wp-content/uploads/2017/02/Factsheet-Illinois-Programs-for-Children-and-Families-final.pdf*
11. *Among the states, Illinois ranks 26th for infant mortality, 29th for low birth weight, and 32nd for preterm birth. Illinois Department of Public Health 2016 Annual Report.*
12. *http://idea.ed.gov/part-c/statutes.html*
13. *http://www.dhs.state.il.us/page.aspx?item=31889*
14. *20 U.S.C. §§ 1400 et seq.; 34 C.F.R. Part 300; the Americans with Disabilities Act as Amended; Section 504 of the Rehabilitation Act; the Equal Opportunities Act; and Title VI of the Civil Rights Act of 1964.*
15. *https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Screening/Pages/default.aspx*
16. *Eligibility criteria are located here: http://www.dhs.state.il.us/page.aspx?item=96963. Such factors include: a parent who has been medically diagnosed as having a mental illness or serious emotional disorder defined in the Diagnostic and Statistical Manual 5 (DSM 5) or a developmental disability; or*
    - *three or more of the following risk factors:*
        - *current alcohol or substance abuse by the primary caregiver;*
        - *primary caregiver who is currently less than 15 years of age*
        - *current homelessness of the child;*
        - *chronic illness of the primary caregiver;*
        - *alcohol or substance abuse by the mother during pregnancy with the child;*
        - *primary caregiver with a level of education equal to or less than the 10th grade, unless that level is appropriate to the primary caregiver's age;*
        - *an indicated case of abuse or neglect regarding the child, and the child has not been removed from the abusive or neglectful situation.*

    The EI Bureau is currently considering recommending eligibility for EI services when the child has experienced lead exposure.
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19. *Rosenberg, Zhang, & Robinson (2008) Prevalence of developmental delays and participation in early intervention services for young children. Pediatrics. https://www.ncbi.nlm.nih.gov/pubmed/18504295. This study also found that black children were less likely to receive needed early intervention services than children from other racial and ethnic groups.*
20. *Birth to 5: watch me thrive! A primary care provider's guide for developmental and behavioral screening. U.S. Department of Health and Human Services, U.S. Department of Education; 2014.*
21. *http://www.easterseals.com/mtffc/.*
22. *http://www.dhs.state.il.us/page.aspx?item=30513.*
23. *https://fns-prod.azureedge.net/sites/default/files/ops/WICEligibles2014-Summary.pdf.*
24. *A description of the Illinois SNAP program is here: http://www.dhs.state.il.us/page.aspx?item=30357.*
25. *DHS Just the Facts, August 2017. Retrieved from http://www.dhs.state.il.us/page.aspx?item=98181.*
26. *All children born in the United States are full citizens pursuant to the 14th Amendment to the United States Constitution.*
27. *https://fns-prod.azureedge.net/sites/default/files/Non-Citizen_Guidance_063011.pdf The national participation rate for non-citizens was 51%, compared with the national rate among all eligible individuals of 67%.*

28. *Home Visiting Programs: Reviewing Evidence of Effectiveness (Brief) OPRE Report #2016-73 (September 2016). Retrieved from https://www.mathematica-mpr.com/our-publications-and-findings/publications/home-visiting-programs-reviewing-evidence-of-effectiveness-brief.*
29. *Refugee One shared with us the findings from a survey done with their clients on the Far North Side of Chicago from Congo, Iraq, Burma, Ecuador, and Syria in their native languages, two of which are quoted here.*
30. *https://www.lep.gov/faqs/faqs.html. The Illinois Department of Human Services has developed a plan to provide language access to its customers: http://www.dhs.state.il.us/OneNetLibrary/27896/documents/Contracts/FY14/LEP_Training.pdf.*
31. *https://www.lep.gov/13166/AG_021711_EO_13166_Memo_to_Agencies_with_Supplement.pdf.*
32. *http://www.dhs.state.il.us/OneNetLibrary/27896/documents/Contracts/FY14/LEP_Training.pdf.*
33. *Ryan, C. (2013) Language Use in the United States: 2011 American Community Survey Reports. https://fns-prod.azureedge.net/sites/default/files/Non-Citizen_Guidance_063011.pdf.*
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35. *https://www.inccrra.org/images/datareports/CostofCareReport_2013.pdf.*
36. *https://www.actforchildren.org/news_post/cost-child-care-cook-county-2017/.*
37. *https://www.acf.hhs.gov/occ/ccdf-reauthorization.*
38. *Census Bureau, American Community Survey, 5-year estimates for children ages 0-5 living at 185% of the federal poverty level in Illinois.*
39. *http://www.dhs.state.il.us/page.aspx?item=96651.*
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46. *U.S. Department of Housing and Urban Development, Congressional Justifications 33-6 (2016), http://portal.hud.gov/hudportal/documents/huddoc?id=FY16-CJE-EntireFile.pdf.*
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54. *Annie E. Casey Foundation Kids Count data center, http://datacenter.kidscount.org/data/tables/55-families-with-related-children-that-are-below-poverty-by-family. The number of births has also declined in our state, from 185,000 in 2000, to 158,116 in 2015, but that does not fully explain the decrease in the caseload.*
55. *The Illinois Department of Human Services website states: If you are a single parent who is able to work and your youngest child is under age 6, you must work or participate in a work activity for at least 20 hours per week. If you are a single parent who is able to work and your youngest child is age 6 or older, you must work or participate in a work activity for at least 30 hours per week. Two-parent families are required to work 35 hours per week. If you work, you must report your earnings every six months. Your cash benefits are reduced only $1 for every $4 you earn, and the department helps pay for necessary child care. Work and training activities include: unpaid work experience, on-the-job training, job search, community service programs, vocational education, subsidized employment, work-study, VISTA and Job Corps. Activities that address barriers to employment include treatment programs for domestic or sexual violence, substance abuse, and mental health disorders. For parents under age 20, attending high school or GED classes counts as a work activity. An adult that does not currently have a high school diploma or high school equivalency certificate can participate in an Adult GED Program that will count as a core activity work requirement.*
You do not have to work or be in a work activity if you care for a child under age one, or you receive TANF only for a child and you are not the child's parent.
56. *The federal poverty level for a family of three in 2018 is $20,780. https://aspe.hhs.gov/poverty-guidelines*

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